

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 6, 2007		Applicant Identifier	
		3. DATE RECEIVED BY STATE March 6, 2007		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department: DEPARTMENT OF PARKS AND RECREATION		
Organizational DUNS: 172070807			Division: OFFICE OF HISTORIC PRESERVATION		
Address: Street: P.O. BOX 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: JOHN Middle Name: RAYMOND Last Name: THOMAS Suffix:		
City: SACRAMENTO		Email: jthomas@parks.ca.gov			
County: SACRAMENTO		Phone Number (give area code): 4916-653-9125			
State: CALIFORNIA	Zip Code: 94296-0001	Fax Number (give area code): 916-653-9824			
Country: U.S.		Other (specify):			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) STATE Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-904			9. NAME OF FEDERAL AGENCY: NATIONAL PARK SERVICE (1443)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ANNUAL APPLICATION OF FEDERAL FY 07 (60/40) GRANT FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION, AND PROTECTION OF HISTORIC PROPERTIES STATEWIDE.		
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 09/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: APPLICANT b. Project: SEE #11 ABOVE		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,031,991	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/06/2007		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	544,490	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	70,003	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	61,501	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$	1,689,985	a. Authorized Representative		
Prefix: MR.		First Name: MILFORD		Middle Name: WAYNE	
Last Name: DONALDSON		Suffix: FAIA		c. Telephone Number (give area code): 916-653-6624	
b. Title: STATE HISTORIC PRESERVATION OFFICER		d. Signature of Authorized Representative: <i>[Signature]</i>		e. Date Signed: 03/06/07	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

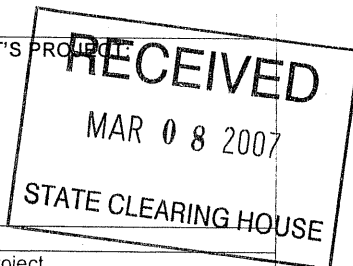
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/6/2007		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION				State Application Identifier	
Legal Name: Sierra Economic Development District		Organizational Unit: Department:		Federal Identifier	
Organizational DUNS: 08-885-6885		Division:			
Address: Street: 560 Wall Street, Suite F City: Auburn County: Placer State: CA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 08 2007 STATE CLEARING HOUSE </div>		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Zip Code: 95603				Prefix: Mr.		First Name: Brent
Country: United States		Middle Name		Last Name Smith	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[1][7][0][5][0][4][3]		Suffix:		Email: Brent@sedd.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		Phone Number (give area code) 530-823-4703	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): [1][0]-[7][7][3]		9. NAME OF FEDERAL AGENCY: USDA/Rural Development		Fax Number (give area code) 530-823-4142	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra County, City of Loyalton		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Development Plans for Pellet Manufacturing and Pellet Stove Manufacturing Facilities, Loyalton Industrial Park			
13. PROPOSED PROJECT Start Date: 06/01/2007		Ending Date: 05/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Doolittle - 4	
15. ESTIMATED FUNDING:		b. Project Doolittle - 4		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 50,000		b. Applicant \$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2007	
c. State \$		d. Local \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other \$		f. Program Income \$		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL \$ 50,000				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative					
Prefix Mr.		First Name Brent		Middle Name	
Last Name Smith				Suffix	
b. Title President				c. Telephone Number (give area code) 530-823-4703	
d. Signature of Authorized Representative				e. Date Signed 3 6 07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
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5. APPLICANT INFORMATION			
Legal Name: Lake Berryessa Resort Improvement District		Organizational Unit: Department: Public Works	
Organizational DUNS: 07-168-8188		Division:	
Address: Street: 1195 Third Street, #201		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Napa		Prefix: Mr.	First Name: Nate
County: Napa		Middle Name	
State: CA		Last Name Galambos	
Zip Code 94559-3035		Suffix:	
Country: USA		Email: ngalambos@co.napa.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">9 4 - 6 0 0 0 5 2 5</div>		Phone Number (give area code) (707) 259-8371	Fax Number (give area code) (707) 253-4627
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 - 7 6 0</div> TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LBRID		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LBRID Water Improvements	
13. PROPOSED PROJECT Start Date: Ending Date: 11/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st District b. Project CA 1st District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,064,380.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 3,064,380.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MR.		First Name ROBERT	
Last Name PETERSON		Middle Name	
b. Title DISTRICT ENGINEER		Suffix	
d. Signature of Authorized Representative 		c. Telephone Number (give area code) (707) 253-4351	
		e. Date Signed 3/5/07	



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Lake Berryessa Resort Improvement District		Organizational Unit: Department: Public Works	
Organizational DUNS: 07-168-8188		Division:	
Address: Street: 1195 Third Street, #201		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Napa		Prefix: Mr.	First Name: Nate
County: Napa		Middle Name	
State: CA	Zip Code 94559-3035	Last Name Galambos	
Country: USA		Suffix:	
		Email: ngalambos@co.napa.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-6000525</div>		Phone Number (give area code) (707) 259-8371	Fax Number (give area code) (707) 253-4627
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-760</div> TITLE (Name of Program): Water & Wastewater Disposal and Loan Program		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Special District		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LBRID Sewer Improvements	
13. PROPOSED PROJECT Start Date: Ending Date: 10/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st District b. Project CA 1st District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,170,620.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,170,620.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MR.	First Name ROBERT	Middle Name	
Last Name PETERSON		Suffix	
b. Title DISTRICT ENGINEER		c. Telephone Number (give area code) (707) 253-4351	
d. Signature of Authorized Representative 		e. Date Signed 3/5/07	

RECEIVED
MAR 08 2007
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 04670584B0000

* Legal Name: The Regents of the University of California

Department: Sponsored Projects

Division: Office of Research Administration

* Street1: 300 University Tower

Street2:

* City: Irvine

County: Orange

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92697-7800

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ms. Darlene

K.

Sullivan

* Phone Number: 949-824-0341

Fax Number: 949-824-2094

Email: dksullivan@uci.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-2226406

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Expanding Actinide Reaction Chemistry for Advanced Nuclear Energy Systems

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Irvine

13. PROPOSED PROJECT:

* Start Date

* Ending Date

09/01/2007

09/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

48

48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. William

J.

Evans

Position/Title: Professor

* Organization Name: Regents of the University of California

Department: Chemistry

Division:

Physical Sciences

* Street1: 1102 Natural Sciences II

Street2:

* City: Irvine

County: Orange

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92697-7800

* Phone Number: 949-824-5174

Fax Number: 949-824-2210

* Email: wevans@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Darlene K. Sullivan

* Position/Title: Contract & Grant Officer * Organization: Regents of the University of California

Department: Sponsored Projects Division: Office of Research Administration

* Street1: 300 University Tower Street2:

* City: Irvine County: Orange * State: CA: California

Province: * Country: UNITED STATES * ZIP / Postal Code: 92697-7600

* Phone Number: 949-824-0341 Fax Number: 949-824-2094 * Email: dksullivan@uci.edu

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5. APPLICANT INFORMATION * Legal Name: Regents of the University of California Department: Sponsored Projects Admin. Division: Office of Research Admin. * Street1: 300 University Tower Street2: * City: Irvine County: Orange * State: CA: Califon Province: * Country: UNITED S1 * ZIP / Postal Code: 92697-7600		4. Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		* Organizational DUNS: 048705849	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Darlene K. Sullivan * Phone Number: (949)824-0341 Fax Number: (949)824-2094 Email: dksullivan@uci.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-2226406		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Single-Molecule Fluorescence Imaging for Studying Organic, Organometallic, and Inorganic Reaction Mechanisms		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
		<div style="border: 2px solid black; padding: 10px; display: inline-block;">RECEIVED MAR 09 2007 STATE CLEARING HOUSE</div>	
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Irvine, CA				14. CONGRESSIONAL DISTRICTS OF: a. * Applicant 48 b. * Project 48
13. PROPOSED PROJECT: * Start Date 07/01/2007 * Ending Date 06/30/2010			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Prof. Suzanne Blum PhD Position/Title: Assistant Professor * Organization Name: Regents of the University of California Department: Sponsored Projects Admin. Division: Office of Research Admin. * Street1: 300 University Tower Street2: * City: Irvine County: Orange * State: CA: Califon Province: * Country: UNITED S1 * ZIP / Postal Code: 92697-7600 * Phone Number: (949)824-8178 Fax Number: (949)824-2210 * Email: blums@uci.edu			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 467,597.00

b. * Total Federal & Non-Federal Funds 467,597.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 03/09/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Darlene K. Sullivan

* Position/Title: Grants Officer * Organization: Regents of the University of California

Department: Sponsored Projects Admin. Division: Office of Research Admin.

* Street1: 300 University Tower Street2:

* City: Irvine County: Orange * State: CA: Californi

Province: * Country: UNITED ST * ZIP / Postal Code: 92697-7600

* Phone Number: (949)824-0341 Fax Number: (949)824-2094 * Email: dksulliv@uci.edu

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/06/07		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Armona Community Services District			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: P.O. Box 486 City: Armona County: Kings State: CA Zip Code 93202			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Michael Middle Name Last Name Taylor Suffix: Email: mtaylor@ppeng.com Phone Number (give area code) (559) 449-2700 Fax Number (give area code) (559) 449-2715		
Country: USA			STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2413818					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant Expansion and Upgrade		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Armona, Kings County			9. NAME OF FEDERAL AGENCY:		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	6,545,805.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	6,545,805.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Kelly		Middle Name	
Last Name Granger				Suffix	
b. Title District Manager				c. Telephone Number (give area code) (559) 584-4542	
d. Signature of Authorized Representative				e. Date Signed 3-5-07	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/06/07		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Armona Community Services District			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: P.O. Box 486			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Armona			Prefix: Middle Name:		
County: Kings			Last Name: Taylor		
State: CA		Zip Code 93202	Suffix:		
Country: USA			Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2413818			Phone Number (give area code) (559) 449-2700		
			Fax Number (give area code) (559) 449-2715		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Well #2 Water Treatment Plant		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Armona, Kings County					
13. PROPOSED PROJECT Start Date: June 2007 Ending Date: June 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,780,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE:		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	1,780,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Kelly		Middle Name	
Last Name Granger				Suffix	
b. Title District Manager				c. Telephone Number (give area code) (559) 584-4542	
d. Signature of Authorized Representative				e. Date Signed 3-5-07	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/06/07	Applicant Identifier
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Armona Community Services District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: P.O. Box 486		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Armona		Prefix:	First Name: Michael
County: Kings		Middle Name	
State: CA	Zip Code 93202	Last Name Taylor	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2413818		Email: mtaylor@ppeng.com	
		Phone Number (give area code) (559) 449-2700	Fax Number (give area code) (559) 449-2715

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-760

TITLE (Name of Program):
Water and Waste Disposal Loan and Grant Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Armona, Kings County

13. PROPOSED PROJECT

Start Date: June 2007	Ending Date: June 2009
--------------------------	---------------------------

15. ESTIMATED FUNDING:

a. Federal	\$	1,450,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,450,000.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 20	b. Project 20
--------------------	------------------

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Kelly	Middle Name
Last Name Granger		Suffix
b. Title District Manager		c. Telephone Number (give area code) (559)584-4542
d. Signature of Authorized Representative		e. Date Signed 3-5-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 20, 2007		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																														
Legal Name: Amador Water Agency		Organizational Unit: Department: Administration																												
Organizational DUNS: 627507536		Division:																												
Address: Street: 12800 Ridge Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael																												
City: Sutter Creek		Middle Name J																												
County: Amador		Last Name																												
State: California	Zip Code 95685	Suffix: Lee																												
Country: U.S.		Email: mlee@amadorwa.com																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0029577 </div>		Phone Number (give area code) 209-257-5207																												
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-760 </div>		9. NAME OF FEDERAL AGENCY: USDA-Rural Utility Service																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Plymouth Pipeline water supply project. Includes a treated water pipeline to the City's storage tank, and wholesale water service from the Amador Water Agency.																												
13. PROPOSED PROJECT Start Date: May 2007 Ending Date: May 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 03																												
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">3,250,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">2,252,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">500,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">6,000,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">12,002,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	3,250,000	.00	b. Applicant	\$	2,252,000	.00	c. State	\$.00	d. Local	\$	500,000	.00	e. Other	\$	6,000,000	.00	f. Program Income	\$.00	g. TOTAL	\$	12,002,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	3,250,000	.00																											
b. Applicant	\$	2,252,000	.00																											
c. State	\$.00																											
d. Local	\$	500,000	.00																											
e. Other	\$	6,000,000	.00																											
f. Program Income	\$.00																											
g. TOTAL	\$	12,002,000	.00																											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																												
a. Authorized Representative Prefix Mr. First Name Michael Middle Name James Last Name Lee Suffix		c. Telephone Number (give area code) 209-257-5207																												
b. Title Financial Services Manager		e. Date Signed February 22, 2007																												
d. Signature of Authorized Representative 																														

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
				3. DATE RECEIVED BY STATE		State Application Identifier	
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name: Santa Isabel Band of Diegueño Indians				Organizational Unit: Department:			
Organizational DUNS: 184708097				Division:			
Address: Street: Hwy 79 and Schoolhouse Canyon Road (physical) P.O. Box 130 (mailing)				Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Santa Isabel				Prefix: MR.		First Name: JOHNNY	
County: San Diego				Middle Name			
State: CA				Last Name: HERNANDEZ			
Zip Code: 92070				Suffix:			
Country: USA				Email: chairman.hernandez@yahoo.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3215892				Phone Number (give area code): (760) 765-0845			
STATE CLEARING HOUSE				Fax Number (give area code): (760) 765-2545			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				7. TYPE OF APPLICANT: (See back of form for Application Types) K. Indian Tribe			
Other (specify)				Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Rural Utility Service (RUS)				9. NAME OF FEDERAL AGENCY: USDA Rural Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Isabel Indian Reservation				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Consolidation of Two Community Water Systems			
13. PROPOSED PROJECT Start Date: when funded Ending Date: two years later				14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 570,000.00				a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/7/2007			
b. Applicant \$.00				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$.00				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$.00				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$.00				<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No			
f. Program Income \$.00							
g. TOTAL \$ 570,000.00							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Authorized Representative							
Prefix: MR.		First Name: JOHNNY		Middle Name:		Suffix:	
Last Name: HERNANDEZ				c. Telephone Number (give area code): 760-765-0845			
b. Title: TRIBAL CHAIRMAN				e. Date Signed: 3/7/2007			
d. Signature of Authorized Representative: [Signature]							

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3-9-07 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
---	--	--	--	--	--

5. APPLICANT INFORMATION Legal Name: County of Humboldt Organizational DUNS: 08--156-2514 Address: Street: 520 E Street City: Eureka County: Humboldt State: CA Country: USA			Organizational Unit: Department: Community Development Services Division: Economic Development Division Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jacqueline Middle Name: Last Name: Debets Suffix: Email: awhitney@co.humboldt.ca.us Phone Number (give area code): (707) 445-7747 Fax Number (give area code): (707) 445-7219		
--	--	--	---	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000513		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: United States Economic Development Administration	
---	--	--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Adjustment 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt County, California.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Establish a revolving loan fund to make loans to interested parties for the clean-up of properties contaminated with hazardous substances and or petroleum products.	
--	--	--	--

13. PROPOSED PROJECT Start Date: May 2007 Ending Date: April 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1	
--	--	--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">150,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">1,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">9,234</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">118,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">28,500</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">306,734</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	150,000	.00	b. Applicant	\$	1,000	.00	c. State	\$	9,234	.00	d. Local	\$	118,000	.00	e. Other	\$	28,500	.00	f. Program Income	\$.00	g. TOTAL	\$	306,734	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	150,000	.00																												
b. Applicant	\$	1,000	.00																												
c. State	\$	9,234	.00																												
d. Local	\$	118,000	.00																												
e. Other	\$	28,500	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	306,734	.00																												

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
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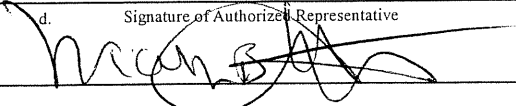
a. Authorized Representative Prefix Mr. First Name Kirk Middle Name Last Name Girard Suffix b. Title Director, Community Development Services c. Telephone Number (give area code) 707-268-3735 d. Signature of Authorized Representative <i>Ruk Girard</i> e. Date Signed 3/8/07		
--	--	--

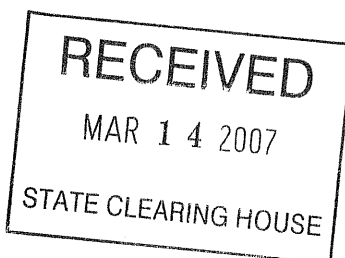
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03


1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/14/2007		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Sierra Economic Development District		Organizational Unit: Department:			
Organizational DUNS: 08-885-6885		Division:			
Address: Street: 560 Wall Street, Suite F		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bront Middle Name: Last Name: Smith Suffix:			
City: Auburn		Email: Bront@scdd.org			
County: Placer		Phone Number (give area code) 530-823-4703			
State: CA		Zip Code 95603		Fax Number (give area code) 530-823-4142	
Country: United States		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043		9. NAME OF FEDERAL AGENCY: USDA/Rural Development			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Development Plans for Pollot Manufacturing and Pollot Stove Manufacturing Facilities, Loyaltan Industrial Park			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra County, City of Loyaltan			
13. PROPOSED PROJECT Start Date: 06/01/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Doolittle - 4			
Ending Date: 05/30/2008		b. Project Doolittle - 4			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2007			
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$.00				
g. TOTAL	\$ 50,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Bront		Middle Name	
Last Name Smith		Suffix			
b. Title President		c. Telephone Number (give area code) 530-823-4703		e. Date Signed 3-13-07	
d. Signature of Authorized Representative					

Application for Federal Assistance

1. TYPE OF SUBMISSION		2. DATE SUBMITTED:	Applicant Identifier
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-construction	<input type="checkbox"/> Non-construction		
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department of Health Services	
1616 Capitol Avenue, 2nd Floor, MS 7404 P.O. Box 997413 Sacramento, CA 95899-7413		Name and telephone number of the person to be contacted on matters involving this application (give area code) Glenn Takeoka (916) 449-5693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0317191		7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CU 66-472		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of Water Quality Monitoring and Public Notification Programs	
TITLE: BEACH			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) State of California Coastal Counties			
13. Proposed Project:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant: Department of Health Services	b. Project: State of California Coastal Areas
		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: June 30, 2007 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. Estimated Funding:		17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
a. Federal	\$ 522,920		
b. Applicant	\$ -		
c. State	\$ -		
d. Local	\$ -		
e. Other: 1:1 Match	\$ -		
f. Program Income			
g. TOTAL	\$ 522,920		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed name of Authorized Representative: Mark Horton, MD, MSPH		b. Title: State Public Health Officer	c. Telephone Number: (916) 440-7400
d. Signature of Authorized Representative: 		e. Date Signed: 3/5/07	



APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 3/14/07	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>Mendocino Coast District Hospital</u> Address (give city, county, state, and zip code): <u>700 River Drive</u> <u>Fort Bragg, CA 95437</u>		Organizational Unit: <u>Emergency Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Heather Paulsen (707) 961-4615</u>	
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
<div style="border: 1px solid black; padding: 2px;"> 9 5 - 2 6 2 7 9 8 1 </div>		<div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> G </div>	
8. TYPE OF APPLICATION:		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/>		B. NAME OF FEDERAL AGENCY: <u>DA</u>	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		RECEIVED MAR 14 2007 STATE CLEARING HOUSE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Rural Development <div style="border: 1px solid black; padding: 2px;">1 0 - 7 6 6</div> TITLE: <u>Community Facilities Grant Program</u>		<u>Ambulance Replacement Project</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)		13. PROPOSED PROJECT	
<u>Fort Bragg, Westport, Mendocino, Elk, Comptche, Little River, Albion; all within Mendocino County, CA.</u>		Start Date _____ Ending Date _____ a. Applicant <u>Mendocino Coast District Hospital</u>	
14. CONGRESSIONAL DISTRICTS OF:		b. Project	
<u>Mike Thompson, First District of CA</u>		<u>Ambulance Replacement Project</u>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,730.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 58,000.00	DATE <u>3/14/07</u>	
c. State	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO	
g. Total	\$ 98,730.00 0.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
<u>Raymond J. Hino</u>		<u>Chief Executive Officer</u>	<u>(707) 961-4610</u>
d. Signature of Authorized Representative		e. Date Signed	
		<u>3/13/07</u>	